

## Application Data Sheet

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?::  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form  
(CRF)?::  
Number of copies of CRF::  
Title:: SOYBEAN VARIETY XB06H04  
Attorney Docket Number:: 1793  
Request for Early Publication?:: Yes  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity::  
Petition included?::  
Secrecy Order in Parent Appl.?::

### **Applicant Information:**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Martin  
Middle Name:: Arthur  
Family Name:: Fabrizius

City of Residence:: Redwood Falls  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 321 E Broadway Street  
City of mailing address:: Redwood Falls  
State or Province of mailing address:: MN  
Postal or Zip Code of mailing address:: 56283

**Applicant Information:**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: Thomas  
Family Name:: Roach  
City of Residence:: Redwood Falls  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 703 East Fifth Street  
City of mailing address:: Redwood Falls  
State or Province of mailing address:: MN  
Postal or Zip Code of mailing address:: 56283

**Applicant Information:**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: John  
Family Name:: Gebhardt  
City of Residence:: Apple Valley

State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 13919 Ember Way  
City of mailing address:: Apple Valley  
State or Province of mailing address:: MN  
Postal or Zip Code of mailing address:: 55124

#### **Correspondence Information**

Correspondence Customer Number:: 27310

#### **Representative Information**

Representative Customer Number:: 27310

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

#### **Assignee Information**

Assignee Name:: Pioneer Hi-Bred International, Inc.